

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/510740**  
FILING DATE  
APPLICANT **10/520740**

**1/7/00 CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/		51						
2		/		/		/	52						
3		/		/		/	53						
4		/		/		/	54						
5		/		/		/	55						
6		/		/		/	56						
7		/		/		/	57						
8		/		/		/	58						
9		/		/		/	59						
10		/		/		/	60						
11		/		/		/	61						
12		/		/		/	62						
13		/		/		/	63						
14		/		/		/	64						
15	/		/		/		65						
16		/		/		/	66						
17		/		/		/	67						
18	/		/		/		68						
19							69						
20							70						
21							71						
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23							73						
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33							83						
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37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3	↓	3	↓	3	↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	16	←	15	←	15	←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	19		18		18		TOTAL CLAIMS						

**BEST AVAILABLE COPY**